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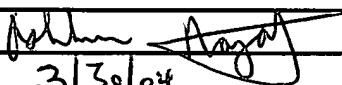
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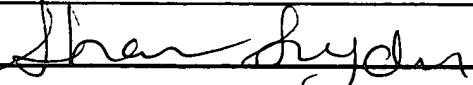
TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number 10/803,596	Filing Date MARCH 18, 2004
First Named Inventor ROBERT KEPKA	
Art Unit _____	
Examiner Name _____	
Total Number of Pages in This Submission 4	Attorney Docket Number UP13

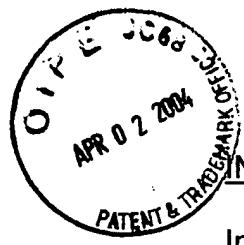
ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks PETITION TO MAKE SPECIAL PER 37 C.F.R. 1.102 (c) BIRTH CERTIFICATE		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	ASHKAN NAJAFI
Signature	
Date	3/30/04

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	SHANNON SNYDER		
Signature			Date
			3/30/04

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Robert Kepka**

Date Mailed: **March 30, 2004**

Title: **Marine Gimbal Outdrive Assembly**

Atty Docket No.: **UP13**

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY FIRST CLASS U.S. MAIL

I hereby certify that the enclosed documents:

(X) Acknowledgment Postcard
() Amendment in response to OA dated _____
() Drawing modifications
(X) Petition to Make Special
(X) Birth Certificate

are being deposited with the United States Postal Service, under 37 C.F.R. 1.08, with sufficient postage as first class mail on this **30th day of March 2004**, and is addressed to: Mail Stop: **PETITION**, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.


Signature of Person Mailing Correspondence

SHANNON SNYDER

Typed or Printed Name of Person Mailing Correspondence



Law Office of
Ashkan Najafi, P.A.
Attorney at Law

Patents, Trademarks & Copyrights
www.patent-usa.com

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Facsimile: 904-551-6111
Email: patentattorney@patent-usa.com

March 30, 2004

VIA U.S. MAIL

IN RE APPLICATION OF: Robert Kepka

Application Serial No.: 10/803,596

Filed: March 18, 2004

Title: MARINE GIMBAL OUTDRIVE ASSEMBLY

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

RE: **Petition to Make Special** for nonprovisional utility patent application titled
"Marin Gimbal Outdrive Assembly"; Attorney Docket: UP13

To Whom It May Concern:

Applicant respectfully requests the above-referenced application be made special and examined out of turn, per 37 C.F.R. 1.102(c). The present petition includes a copy of applicant's birth certificate as evidence showing applicant is over 65 years of age. No fee is required with such a petition.

Should any questions arise, please contact the undersigned attorney of record.

Very truly yours,

Ashkan Najafi, Esq.
Registered Patent Attorney

Registration Number: 49,078
Customer Number: 34356

Enclosure

DUPAGE COUNTY, ILLINOIS

10/303

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. In case of Plural Births, Local Registrars will note here the Registered Nos. of Certificates of "Mates" and show whether Births or Stillbirths:
 3808
 ON S A
 (18350—50M—7-24) 7

1. PLACE OF BIRTH County of <u>Du Page</u>	Registration Dist. No. <u>6415</u>
---	---------------------------------------

(Show on line below the name of place where birth occurred; give either City (or Village) or Township (or Road District), not both.)

Township, or Road District, or Village, or City, of Wheaton

Street and Number, No. Harrison St + Finley Rd

Ward, Hospital

Primary

Dist. No. 6415

STATE OF ILLINOIS

Department of Public Health

Division of VITAL STATISTICS

COUNTY CLERK'S RECORD

CERTIFICATE OF BIRTH

Registered No. 21

(Consecutive No.)

(If birth occurred in hospital or institution, give its name instead of street and number)

Township, or Road District, or Village, or City, of Wheaton

Street and Number, No. Harrison St + Finley Rd

Ward, Hospital

2. FULL NAME OF CHILD Robert Thomas Kepka

3. Sex of Child Male

4. Twin, triplet, or other? None

5. Number in order of birth 1

(To be answered only in event of plural births)

6. Legitimate? Yes

7. Date of birth May 2

(Month)

(Day)

(Year) 1925

(If child is not yet named, make supplemental report, as directed)

FATHER

8. FULL NAME Edward Kepka

9. RESIDENCE Lombard Ill

(P. O. Address)

10. COLOR White

11. Age at last Birthday 29 Years

12. BIRTHPLACE (City or Place) Chicago

(Name State if in U. S.) Ills.

(Name Country, if Foreign)

MOTHER

14. FULL MAIDEN NAME Caroline Dorak

15. RESIDENCE Lombard Ill

(P. O. Address)

16. COLOR White

17. Age at last Birthday 26 Years

18. BIRTHPLACE (City or Place) Chicago

(Name State if in U. S.) Ills.

(Name Country, if Foreign)

19. OCCUPATION Housewife

(Nature of Industry)

20. NUMBER OF CHILDREN OF THIS MOTHER (Taken as of time of birth of child herein certified and including this child.)

(a) Born alive 2

and now living

(b) Born alive 0

but now dead

(c) Stillborn 0

WHAT TREATMENT WAS GIVEN CHILD'S EYES AT BIRTH? 1% silver nitrate

21. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at

*When there is no attending physician or midwife, then the father, mother, householder, etc., shall make this return. See Sec. 12 vital statistics law.

22. [Signature] Walter W. Frank

(Physician or Midwife)

Address Lombard Ill

Date Certificate Signed May 7

(Month)

24. Filed May 19 1925

Post Office Address Edgewater

Telephone 277

(Day)

(Year)

Registrar Henry Special

ON S A

STATE OF ILLINOIS

COUNTY OF DUPAGE

} SS

DATE ISSUED

JAN 16 2004

I, GARY A. KING, County Clerk in and for the State and County aforesaid, and keeper of the files and records of the reports of BIRTHS, DEATHS and MARRIAGES, DO HEREBY CERTIFY the above to be a full and complete copy of the Certificate which appears in the files and records in my office remaining.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of my office at Wheaton, Illinois.

Gary A. King

GARY A. KING
COUNTY CLERK



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

